DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 1/03/15

PRINTED: 11/26/20
FORM APPROVE
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445278	A. BUILDING ______ B. WING ______	11/19/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKEWOOD NURSING CENTER, INC	332 RIVER ROAD DECATUR, TN 37322

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 431 SS=F	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on review of facility policy, observation,	F 431	This plan of correction is our credible Allegation of compliance. "Preparation and or execution of correction does not constitute admission of agreement by the Provider of the truth of the facts alleged or deficiencies. The plan of correction is prepared and or executed solely because it is required by the provisions of federal and state law." F 431 483.60(b),(d),(e)DRUGS RECORDS, LABEL/STORE DRUGS AND BIOLOGICALS It is the policy of this facility to employ the services of a licensed pharmacist who has established a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation, and determines that drug records are in order and an account of all controlled drugs are maintained and periodically reconciled. Drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.	12/19/2014 JF / SKC 12/6/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Reba Jennett Lane — TITLE: Acting Interim Administrator — (X6) DATE: 12/11/2014

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 431	Continued From page 1 and interview, the facility failed to appropriately store phlebotomy supplies, monitor expiration dates of medications, and maintain the recommended temperature for a medication refrigerator for one of one medication storage rooms observed. The findings included: Review of the facility policy Storage and Expiration of Medications, Biologicals, Syringes and Needles, revised January 2013, revealed "...have not been retained longer than recommended by manufacturer...inspect nursing station storage areas for proper storage ..." Further review revealed "...ensure that medications and biologicals are stored at their appropriate temperatures...refrigeration: 36-46 degrees..." Observation on November 19, 2014, at 10:10 a.m., with Licensed Practical Nurse (LPN)#1, in the medication storage room, revealed ninety-five blue topped Buffered Sodium Citrate Vacutainers (tubes used for blood collection) with an expiration date of October 2014. Continued observation revealed one opened #25 gauge butterfly needle. Further observation of the medication refrigerator revealed a temperature of fifty-two degrees. Interview with the LPN #1 on November 19, 2014, at 10:25 a.m., in the medication room, confirmed the expired vacutainers, the opened butterfly needle, and the medication refrigerator temperature of fifty-two degrees Fahrenheit [F]. Continued interview revealed "...it is ultimately the nurses' responsibility..."	F 431	In accordance with State and Federal Laws, the facility stores all biologicals In locked compartments under proper temperature controls and permits only authorized personnel to have access to the keys. The facility provides separately locked, permanently affixed compartments for the storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse. All vacutainer tubes with expiration date of October 2014 and the opened butterfly needle was disposed of immediately. Blue top vacutainer tubes were obtained from the hospital lab on November 19, 2014. All medications in the refrigerator were disposed of per facility policy by the DON on November 19, 2014. Controlled medications from the refrigerator were logged and placed in locked storage by the DON per facility/pharmacy policy for destruction with Consultant Pharmacist when at the facility. The Pharmacy was notified and replacement Medication were obtained on November 19, 2014.	

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F 431	Continued From page 2 Observation and interview with the Director of Nursing, (DON) on November 19, 2014, at 11:20 a.m., of the medication refrigerator, in the medication storage room, confirmed the temperature reading of fifty-two degrees [F]. Continued observation and interview revealed and confirmed twenty-one Bisac-Evac (constipation medication) suppositories with an expiration date of September 28, 2014, four Tylenol suppositories, two vials Tuberculin solution, nine vials and two syringes of Engerix-B (Hepatitis B vaccine) one multidose vial each of Levemir and Humalog insulin, two multidose vials of Lantus insulin, three multidose vials of Influenza vaccine, twenty-two Promethazine (anti-nausea medication) 25 mg (milligram) suppositories and three Promethazine 12.5 mg suppositories. Continued observation and interview with the DON, of the Narcotic Locked Box in the medication refrigerator, confirmed it contained Lorazepam (anti-anxiety medication) five 2mg/ml (milliliter) carpujet syringes and seven 2mg/1ml vials, twenty-five Lorazepam Intensol (concentrated form of medication to be mixed with food) 2mg/1ml vials and one multidose vial of Lorazepam Intensol. Interview with the DON on November 19, 2014, at 11:30 a.m., in the nursing station confirmed the facility failed to monitor expiration dates on phlebotomy supplies and medications and to maintain the medication refrigerator at the recommended temperature.	F 431	Instruction were placed on the refrigerator door for proper temperature adjustment procedure by the DON on November 19, 2014. Labels have been placed on all vacutainer packages indicating expiration date and replacement/discard date (month prior to expiration date). Labels were placed in medication room for labeling of vacutainers when received at the facility. Licensed nurses in-serviced on labeling and replacement of vacutainers on December 10, 2014. Refrigerator temperature logs will be monitored by the DON weekly for 3 months then 1 time monthly thereafter for 1 year. DON will monitor for compliance with refrigerator temperators, adjustments and maintenance of refrigerator temperatures in appropriate range. Results of monitoring will be presented to QA committee monthly times 12 months. Vacutainers/lab supplies will be monitored bi-weekly by the ADON for 3 months and 1 time monthly for 12 months. The ADON will be monitoring for compliance with labeling and replacement/disposal of lab supplies prior to expiration date. Results of monitoring will be reported to The QA committee monthly for 1 year.	